



DECLARATION

☒ ORIGINAL
☐ CONTINUATION-IN-PART
☐ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-2, of the invention entitled:

A PHYSIOLOGICAL MONITORING DEVICE FOR CONTROLLING A MEDICATION INFUSION DEVICE

Which is described and claimed in:

☒ the attached specification or
☐ the specification in application Serial No. 10/624,177 filed July 22, 2003
as amended on _____

and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim priority benefits under Title 35, United States Code, §119 of any application(s) for patent or inventor's certificate listed below and have also identified below any application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR
APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
US	60/398,213	July 24, 2002	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.



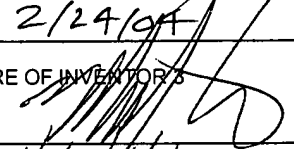
(Application Serial No.) (Filing Date) (Status)

Send correspondence to:
William K. Konrad, Esq.
Konrad Raynes & Victor, LLP
315 South Beverly Drive, Suite 210
Beverly Hills, CA 90212

DIRECT TELEPHONE CALLS TO:
William K. Konrad
(310) 553-7970

1	LAST NAME IRELAND	FIRST NAME JEFFREY	MIDDLE NAME R.	Residence: CITY THOUSAND OAKS	STATE or COUNTRY CALIFORNIA
	Post Office Address 3154 HEAVENLY RIDGE STREET, THOUSAND OAKS, CA 91362				CITIZENSHIP US
2	LAST NAME TALBOT	FIRST NAME CARY	MIDDLE NAME D.	Residence: CITY SANTA CLARITA	STATE or COUNTRY CALIFORNIA
	Post Office Address 27539 CATALA AVENUE, SANTA CLARITA, CA 91350				CITIZENSHIP US
3	LAST NAME ESTES	FIRST NAME MARK	MIDDLE NAME C.	Residence: CITY SIMI VALLEY	STATE or COUNTRY CALIFORNIA
	Post Office Address 662 BRECKENRIDGE PLACE, SIMI VALLEY, CA 93065				CITIZENSHIP US

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1 	SIGNATURE OF INVENTOR 2 
DATE 2/24/04	DATE 2/23/04
SIGNATURE OF INVENTOR 3 	
DATE 4/28/04	



PATENT
0059-1023

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Jeffrey R. Ireland et al.)	Group Art Unit: unknown
Serial No. 10/624,177)	
Filed: July 22, 2003)	Examiner: unknown
For: A PHYSIOLOGICAL MONITORING)	
DEVICE FOR CONTROLLING A)	
<u>MEDICATION INFUSION DEVICE</u>)	

POWER OF ATTORNEY BY ASSIGNEE
AND EXCLUSION OF INVENTOR UNDER RULE 3.71

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The undersigned **Eric P. Geismar** is a representative authorized to sign on behalf of the assignee of the entire interest in the above-identified subject application, **MEDTRONIC MINIMED, INC.** and hereby appoints:

Paul H. Kovelman, Reg. No. 35,228;
Richard K. Yoon, Reg. No. 42,247;
Vivian S. Shin, Reg. No. 43,919;

and all of the firm of Konrad Raynes & Victor, LLP:

William K. Konrad, Reg. No. 28,868;
David W. Victor, Reg. No. 39,867;
Alan S. Raynes, Reg. No. 39,809;
Rabindranath Dutta, Reg. No. 51,010;
Janaki K. Davda, Reg. No. 40,684

to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor and his attorney in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

MEDTRONIC MINIMED, INC., per 37 C.F.R. §3.73(b), certifies that the evidentiary documents with respect to its ownership have been reviewed and that to the best of the undersign's knowledge and belief, title is in the assignee seeking this action.

MEDTRONIC MINIMED, INC., declares that 100% ownership is established by an assignment to be in the Regular Utility Patent Application, and that the Inventors are under an obligation to assign the application to **MEDTRONIC MINIMED, INC.**

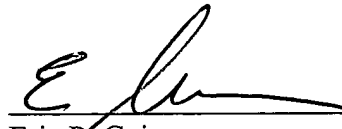
Please direct all telephone calls to William K. Konrad at (310) 553-7970 and all correspondence relative to said application to the following address:

William K. Konrad, Esq.
Konrad Raynes & Victor LLP
315 South Beverly Drive, Suite 210
Beverly Hills, CA 90212

ASSIGNEE: **MEDTRONIC MINIMED, INC.**

Date: 4/15/2004

Signature:


Eric P. Geismar

Title: Vice President and Senior Counsel
Address: 18000 Devonshire Street
Northridge, CA 91325-1219